

PERIOD COVERED		ACCOUNT NUMBER	
DUE DATE		TAXPAYER'S NAME AND ADDRESS	
1. GROSS SALES AND SERVICE		TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INC./ ALL SALES, RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE	00
2A. ADD BAD DEBTS COLLECTED			00
2B. ADD TOTAL LINES 1 & 2A			00
3.	A. NON-TAXABLE SERVICE SALES	00	
DEDUCTIONS	B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	00	
	C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)	00	
	D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	00	
	E. TRADE-INS FOR TAXABLE RESALE	00	
	F. SALES OF GASOLINE AND CIGARETTES	00	
	G. SALES TO GOVERNMENTAL RELIGIOUS AND CHARITABLE ORGANIZATIONS	00	
	H. RETURNED GOODS (ON WHICH CITY SALES TAX WAS PREVIOUSLY PAID)	00	
	I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES	00	
	J. OTHER DEDUCTIONS (LIST)	00	
	K.	00	
	L.	00	
	M.	00	
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU 3M)			00
4. TOTAL CITY NET TAXABLE SALES & SERVICE		(LINE 2B MINUS TOTAL LINE 3)	00

COMPUTATION OF TAX		
5. AMOUNT OF CITY SALES TAX (3.5% OF LINE 4)		00
6. ADD EXCESS TAX COLLECTED		00
7. ADJUSTED CITY TAX (ADD LINES 5 & 6)		00
8. NO VENDOR FEE		
9. CITY USE TAX (FROM SCHEDULE B) SUBJECT TO USE TAX \$ _____ X 3.5%		
10. ADDITIONAL USE TAX DUE		
11. TOTAL TAX DUE (LINE 7 & 9 & 10)		00
12. $\left(\begin{array}{l} \text{LATE FILING IF RETURN} \\ \text{IS FILED AFTER DUE} \\ \text{DATE THEN,} \end{array} \right) \text{ ADD } \frac{\text{PENALTY 10\% (MIN \$15)}}{1\% \text{ INTEREST PER MONTH}}$		00
13. TOTAL TAX PENALTY AND INTEREST DUE (ADD LINES 11 AND 12)		00
14. ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE-	A – ADD: ➤ B – DEDUCT: ➤	00 00
15. TOTAL DUE AND PAYABLE $\left(\begin{array}{l} \text{MAKE CHECK OR MONEY ORDER} \\ \text{PAYABLE TO} \\ \text{CITY OF LOUISVILLE} \end{array} \right)$		00

SCHEDULE-B - CITY USE TAX The Louisville Municipal Code imposes a tax upon the privilege of using, storing, distributing, or otherwise consuming in the City any article of tangible personal property or services purchased, leased or rented from sources outside the city, on which a sales tax has not been paid. If additional space is needed, attache additional schedule in the same format.				
PURCHASE DATE	VENDOR NAME	VENDOR ADDRESS	TYPE OF COMMODITY PURCHASED	PURCHASE PRICE
			ENTER TOTALS HERE AND ABOVE	

SCHEDULE-C - CONSOLIDATED ACCOUNTS REPORT					
This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with the column headings. If additional space is needed attach schedule in same format.					
ACCOUNT NUMBER	BUSINESS ADDRESSES OF CONSOLIDATED ACCOUNTS		PERIODS TOTAL GROSS SALES (TOTAL TO LINE 1 ABOVE)	PERIODS NET TAXABLE SALES (TOTAL TO LINE 4 ABOVE)	
			\$	00	00
				00	00
			ENTER TOTALS HERE AND ABOVE		
			\$	00	\$ 00

ADDRESS CHANGE NOTIFICATION	
<u>MAILING ADDRESS</u>	<u>BUSINESS LOCATION</u>
STREET: _____	STREET: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____

BUSINESS STATUS CHANGES		
<u>OWNERSHIP CHANGE:</u>	<u>LOCATION OF RECORDS:</u>	<u>BUSINESS CLOSURE</u>
DATE: _____	COMPANY: _____	DATE: _____
NEW OWNER: _____	STREET: _____	
PHONE: _____	CITY/STATE/ZIP: _____	